

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 585431

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	0					
6	1					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0	1				
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50						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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